

Community Assistantship Program

Pioneer Retirement Community Project

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Prepared in partnership with
Pioneer Home, Inc.

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Pioneer Retirement Community Project

Sara Lassig
University of Minnesota
December 23rd 2004

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I would like to thank the Community Assistantship Program (CAP) at the University of Minnesota for their commitment to both communities throughout Minnesota and students at the University of Minnesota. CAP is a cross-college, cross-campus University of Minnesota initiative coordinated by the Center for Urban and Regional Affairs. Without their generous contributions, this project would not have been possible.

I would also like to thank the residents of the Pioneer Senior Cottages. Without the willingness of these individuals to share their stories, their lives, and their journeys with memory loss, such research would not be possible. In addition, the families of these residents, and the staff of the Pioneer Senior Cottages were amazing to work and added immeasurably to this project.

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All research conducted at the Pioneer Retirement Community for this project was approved by the Institutional Review Board at Concordia College, Moorhead, in Moorhead Minnesota, and also approved by the Pioneer Retirement Community Board of Directors.

The Pioneer Retirement Community, in Fergus Falls, Minnesota, is comprised of a grouping of housing and care options for older adults residing in the Fergus Falls and surrounding communities. The Community includes independent senior living, assisted living, skilled nursing care, specialized dementia care, adult day care, physical and occupational therapy services, and more. The first facility, Pioneer Memorial Home, was opened in 1928, and the mission has remained as the community has grown throughout the years: “to promote quality of life in a Christ-like way for those we serve by providing diverse and holistic care, focusing always on individual dignity and worth.”

The most recent addition to the Pioneer Retirement Community has been the Pioneer Senior Cottages. These cottages provide specialized care for those with memory loss, while maintaining a home like environment. The first cottage opened in May of 2001, with a second one opening in the spring of 2002. After a year of running the two cottages, Pioneer Retirement Community was considering building a third cottage, as it seemed the demand was there. It was at this point that the project involving CAP began developing. Pioneer hoped to assess the effectiveness of a social model of care for persons with memory loss and wanted to bring in a team of researchers to assist with the task.

John Richards, CEO, Dewey Tommerdahl, Director Of Development, and Barb Mohs, Director of Pioneer Senior Cottages, worked to initiate the project, and were extremely proactive in bringing in a team to conduct the study.

A team of researches, from four different backgrounds made up the research team. Dr. Monica Mori, Professor of Psychology at Concordia College, Moorhead, led the project. Also involved, both from Minnesota State University, Mankato, was Dr.

Kathryn Elliott, Director of the Gerontology department, and Dr. Leah Rogne, Assistant Professor in the Sociology department. The fourth research team member was Sara Lassig, doctoral student in the Department of Family Social Science at the University of Minnesota, and this position was provided by and funded by the CAP program at the University of Minnesota.

The project began in the summer of 2003, and continued through the summer and into the fall. The project had lofty goals, and hoped to examine quality of life for residents, staff-resident interactions, client satisfaction, community involvement, and also gathering information about resident's life narratives and current cognitive functioning. Because there was such a wide range of research questions being examined, the work was split between the researchers.

For most of the months of June and July, I spent 3 days per week staying in Fergus Falls and at least eight hours per day at the cottages, directly involved with the residents and staff. My main tasks within the project included interviewing the residents on quality of life issues, cognitive testing, and transcribing recorded interviews. Most of the research I was involved with was completed one-on-one with the residents, and included in-depth interviews, basic cognitive testing used in dementia care, and ethnographic observation.

One day was never the same as the next, as the residents always provided for a varied and interesting daily schedule. For example, if a resident were not feeling well one day, the interview schedule would have to be rearranged. One day, a severe thunderstorm led to most of the residents being greatly distracted, while another day activity outings took place instead of the interviews. It was an excellent experience in

learning to do research in an environment that could not be controlled for the majority of the time.

Before moving forward with the building of the third cottage, Pioneer wanted to know what it was about the cottages that were working, and what possible changes might be needed when developing the third cottage. One of the ways in which this information was gathered was through interviews with the residents of the first two cottages. One of the goals was to find out what residents felt made for a “good life,” and how the design and functioning of the cottages worked to meet these aspects of a good life.

After sorting through the various responses from the residents, the aspects of “what makes for a good life” were divided into three groups. One group of responses included responses based on lifestyle. A couple of examples included “exercising regularly,” “laughing a lot,” and “living a relaxing life.” Through interviews with staff, residents, and family member and also environmental observation, it was concluded that there were several specific things that the cottages offer that promote these aspects of a “good life” in the realm of lifestyle. For example, the staff assists residents with daily walks and exercise, and also promotes laughter often by telling jokes, initiating reminiscing, and smiling often while interacting with residents.

Another category of resulting responses to the “what makes for a good life” question was the grouping of “social aspects.” These responses included “a good family,” “close friends and relatives,” “talks with other people to keep company.” It was found that the cottages promoted many of these things through the everyday function of the staff and created environment. For instance, residents’ families and friends are always made to feel welcome in the cottages, and there are no set visiting hours. It was

often observed that when family members would visit around mealtime, they were invited to stay and eat with their loved one. In addition, staff worked to place residents at the table in a seating arrangement that allowed for the most conducive conversation. Individuals that liked to talk a lot about farming, for example, were placed next to each other and could often be heard reminiscing with a tablemate, often prompted by staff.

The design of the cottages was also found to be a great tool in creating a social environment. There were several areas of groupings of chairs set up throughout each of the cottages, and often groups of 2-4 residents could be seen sitting together and visiting.

A third grouping of resident responses was labeled as “spiritual” aspects of a good life. Some of these responses included “knowing Jesus,” “going to church,” and “having a good relationship with Him.” The programs offered at the cottages were found to have activities available that met many of these needs. Each week there was a church service, communion, and hymn singing offered for those who wished to attend. There is also a chaplain available everyday for those individuals who may wish to use those services.

In asking these questions about what makes for a good quality of life, we also wanted to find out if there were any things that could be changed or improved. Based on interviews with residents, family members of residents, management, and staff, there were only two main suggestions that were given to management at the completion of the study. In terms of additions and changes, the one main need seemed to be for a position of “activity personnel” to be implemented. Both residents and staff noted that it would be better to have more activities but that it was difficult because the staff was often busy with other residents and even activities that were planned would often have to be modified or even canceled if things got too busy. Second, some of the staff members

reported that it would be helpful to have more training on certain issues related to memory loss. Before our research was even complete, management was already addressing both of these issues and creating a new position for an activity director for the cottages.

This project was a great help not only for the Pioneer Retirement Community, but also for the community of Fergus Falls. Since this research has been completed, Pioneer has had people from other facilities come in to view how things are done at Pioneer, in hopes of learning what a social model of care for memory loss can look like. Since this research ended, the third cottage was successfully built and opened, and is now an integral part of the Pioneer Community. Above all, this research helped to show that even small towns are capable of providing cutting edge, successful living environments for individuals dealing with memory loss. The Pioneer Retirement Community exists as a true example of excellence for others in the field to learn from.